

NOV 19 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County MontgomeryRegistration District No. 592

Township

Primary Registration District No. 4350City Montgomery City MoFile No. 38303Registered No. 20

St. Ward

2. FULL NAME Carrie Smith

(a) Residence, No.

(Usual place of abode)

St.

Ward.

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX
Female4. COLOR OR RACE
White5. SINGLE, MARRIED, WIDOWED, OR
Widowed (or use the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFG. Pitman Smith6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.79228

OCCUPATION

8. Trade, profession, or particular
kind of work done, as splanner,
sawyer, bookkeeper, etc.Home9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St Louis
Missouri.

13. NAME

Jonath Moore14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Vermont

15. MAIDEN NAME

Theodisia Robbin16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)N.Y.17. INFORMANT
(ADDRESS)Miss Lula Smith
Montgomery City Mo18. BURIAL, CREMATION, OR REMOVAL
PLACEMontgomery C. Co. Oct. 9 193719. UNDERTAKER
(ADDRESS)C. W. Hopkins
Montgomery City Mo

20. FILED

Oct. 8 1937 Bill Murphy
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

10/8/37 19

22. I HEREBY CERTIFY, That I attended deceased from

Aug 10 1937 to Oct 7 1937I last saw him alive on Oct 8 1937. Death is saidto have occurred on the date stated above, at 3 am m.

The principal cause of death and related causes of importance were as follows:

acute Dilatation
of Ventricle of Heart
Carcinoma of Intestine

Date of onset

10-2-37

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? Chemical Date of

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James O. Helmer M. D.(Address) New Florence Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

